261038

that tor, page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

POR DEPARTMENT OF HEALTH AND MENTAL HYGIENG CERTIFICATE OF DEATH

DECEASED NAME FIRST MIDDLE LAST 20. DATE

OF THE COMPRISE OF THE COMPRISE

| 5 -10 | 0 | pos | -7 | 17 |   |
|-------|---|-----|----|----|---|
| 5     | 2 | 2   | 1  | Co | 1 |

| 3. SEX   | Siste  | r IVI.   | Aurelia            | Josep  | 5. DATE O  | nzinge   | r  | 6 AGE (IN YE  |  | 9  | 8<br>IF UNDER  | 85                        | 4:45   |       |
|--|--|--|--------------------|--|--|--|--|---|--|--|--|---------------------------|--|-------|
| Female   |  |  |                    | hite   | MONT   |  | YEAR<br>99   |   | KS LAST BIRTH  |  | MONTHS   | DAYS                      | HOURS  | M IN. |
| o. BIRTHPLACE  | STATE OR FO  | REIGN  | 76. CITIZEN OF     | WHAT COUNTR  | 8<br>RY? 8 .   |  |  | 9 BALTIMOR  | E CITY OR  | COUNTY   | OF DE  | ATH                       |  |       |
| German   | ny   |  | US                 | SA   | WIDOW  |  | MARRIED X  | C   | arolir   | ie.  |  |                           |  | MD    |
| Ridgel   |  | н  | (IF NOT IN SUC     | HOSPITAL, NUR<br>HFACILITY, GIVE STR<br>Lertrude   | REET ADDRESS)  |  | NOITUTITE  | 12a. USUAL O<br>(TYPE OF WORK I   | CCUPATIO   | N  | E) INDU  | KIND O<br>JSTRY<br>hur    | F BUSINE   | SSOR  |
| USUAL RESIDENCE  |  | G HOME OR  | OTHER INSTITUTION  |  | FORE ADMISSION)  |  | CITY LIMITS?   | 13e STREET AL   | DRESS  |  |  |                           |  |       |
| Maryla   |  | Care   | oline              | Ridge  |  | YES 🗌  | NO [X  | none  |  | 100  | 21   | 660                       |  |       |
| 4. FATHER'S NAA<br>FIRST<br>Ma   | thias  | 1  | MIDDLE             | Benzin   | nger   |  | rs maiden nam<br>First<br>Theresia   |   | WIDDLE   |  | G  | fell                      |  |       |
| 60 WAS DECEAS  | ED EVER IN   |  | MED FORCES?        | 166 SOCIAL SE  |  | 17. INFORM   | ANT  |   | ADDRES   | S  |  |                           |  | -     |
| no   | NOWN   | (IF FES, GIVI  | E WAR OR DATES)    | 216-54   | -9093  | St.  | Gertrud  | de Prio   | ry R   | idge   | ly, I  | MD                        |  |       |
| PART I. I  | DEATH WA   | S CAUSE  | E CAUSE (a)        |  | rume   | NIA  | - Al h   | 11.4.   |  |  | BE   | 3 1                       | A Y  | S.    |
|  | , if ony,  |  | ( ib)_             | GENE   | RALI   | ZED  | LIXAI  | Vitio   | N  |  |  | -n                        | ron  | 1C    |
| gave rise<br>couse to<br>underlying<br>PART 2 OT   | ta imme<br>), stating<br>cause   | the lost.  | (c)(               | GENE<br>GENE<br>DITRIBUTING TO   | OUENCE OF  | LED  | ARTE.  | Riosc   | LEYO   |  | 'EN IN P   | -h                        | roni   | 10    |
| gave rise<br>couse to<br>underlying<br>PART 2 OT   | ta imme<br>), stating<br>cause<br>HER SIGNII   | lost.  | (c)                | FENE   | OUENCE OF  | NOT RELATED  | ARTE.  | RIOS C  | CEYO<br>OR CONDI   |  | S, WERE  | FINDIN                    | GS USED  |       |
| gave rise couse III underlying PART 2 OT 19a. DATE O   | ta imme stating cause  HER SIGNII  F OPERATION   | diote the lost.  FICANT C  | 196. CONDITIONS CO | DITRIBUTING TO   | O DEATH BUT  | NOT RELATED  | ARTE.  | RIOSC<br>INAL DISEASE<br>200 AUTOP<br>YES []  | LEYO<br>OR CONDI   | TION GIV<br>20b. IF YES<br>IN CERTIF<br>YE         | S, WERE<br>YING C  | FINDIN<br>AUSES           | GS USED<br>OF DEAT   |       |
| Gave rise couse III and III an | to imme stating cause  HER SIGNII  F OPERATION  IT WAS UNDEFITTING CATORIEV MEDICAL  OCCURRE   | DON  RELYING USE OF DEA  | 19b. CONDITIONS CO | DITRIBUTING TO   | O DEATH BUT  CH OPERATIO  DAY YEAR  19   | NOT RELATED  | ARTE. DIO THE TERM DRIMED NJURY OCCURR   | RIOSC<br>INAL DISEASE<br>200 AUTOP<br>YES []  | LEYO<br>OR CONDI   | 20b. IF YES<br>IN CERTIF<br>YE                     | S, WERE<br>YING C  | FINDIN<br>AUSES           | GS USED<br>OF DEATI  |       |
| Gave rise couse III of underlying PART 2 OT 19a. DATE O 21a. ACCIDEN OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OF CONTRI | to imme ), stating couse  HER SIGNII  IT WAS UNDEF  OCCURRE NOT WHILE AT WAS  I HOT I'V MEDICA  OCCURRE VOT WHILE VOTE I HOT I'V HOT I HOT | DON  REYING USE OF DEA LI EXAMINER!  D  this haspit                                    | ONDITIONS CO       | TION FOR WHICE FINJURY M. MONTH M. DE INJURY EET, FACTORY, OFFICE  | DUENCE OF O DEATH BUT CH OPERATIO  DAY YEAR 19 CE, FARM, ETC.)                           | NOT RELATED N WAS PERFO  21t HOW IN  21t LOCATI STREE  | DYTE TERM  ORMED  NJURY OCCURR  ON  19  19  (aur) opinion of   | PLOSC  INAL DISEASE  200. AUTOP  YES   EED (ENTER NATL  death occurred                                    | LEYO  OR CONDI  SY?  NO THE OF INJURY  CITY OR TOWN  TUG U  ON the date          | 20b. IF YESSIN CERTIFICATION GIV                   | coul   | FINDIN AUSES  ART 2)  NIY | GS USED<br>OF DEATI<br>NO  | H?    |
| Gave rise couse III and III an | to imme ), stating couse  HER SIGNII  IT WAS UNDEF  OCCURRE NOT WHILE AT WAS  I HOT I'V MEDICA  OCCURRE VOT WHILE VOTE I HOT I'V HOT I HOT | diote the lost.  FICANT CON  REYING USE OF DEA  USE OF DEA  LEXAMINER!  D  This haspit | I9b. CONDITIONS CO | DNTRIBUTING T.  TION FOR WHICE FINJURY M. MONTH M.  DF INJURY EET, FACTORY, OFFICE e deceased from   | DUENCE OF O DEATH BUT CH OPERATIO  DAY YEAR 19 CE, FARM, ETC.)                           | NOT RELATED N WAS PERFO  21t HOW IN  21t LOCATI STREE  | DYTE  DYNAMED  NJURY OCCURR  ON  19  (aur) opinion of PHYSICIAN  ATTENDING PHYSICIAN   | PLOSC  INAL DISEASE  200. AUTOP  YES   LED (ENTERNATL  Death occurred  MEDICAL  DIRECTOR                  | LEYO  OR CONDI  SY?  NO THE OF INJURY  CITY OR TOWN  TUG U  ON the date          | 20b IF YES IN CERTIF YE IN ITEM 18 P               | COULD TO ONE OF THE PROPERTY O | ART 2)                    | GS USED OF DEATI NO SI state of the second o | H?    |
| PART 2 OT  PART 2 OT  19a. DATE O  21a. ACCIDEN OR CONTRIBU (IF EITHER N 21d. IN JURY WHILE AT WORK 22a. I certify sow 11  | to imme ), stating couse  HER SIGNII  AT WAS UNDER  TO OTHEY MEDICA  OCCURRE NOT WHITE AT WORK  I that (1) (1)  Ceceased  I AN 'S NAM  SIGNII  AATION, RE  | CON CONT CONT CONT CONT CONT CONT CONT C   | I9b. CONDITIONS CO | TION FOR WHICE TION FOR WHICE M. MONTH M. DE INJURY EET, FACTORY, OFFICE TO DESCRIPTION TO DESCR | DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19  CE, FARM, ETC.)  M. D.  SIGNAME OF C. | NOT RELATED  NOT RELATED  N WAS PERFO  21t HOW IN  21t LOCATI STREE  22te. ADDRES  P. D.  EMETERY OR | DETERMENT OF THE TERMENT OF THE TERM | PLOSC  INAL DISEASE  200. AUTOP  YES   ED (ENTERNATL  Death occurred  MEDICAL  DIRECTOR  QO, D  13d LOCAT | LEYO  DR CONDI  SY?  NO THE OF INJURY  CITY OR TOWN  TUG U  STAFF  PHYSICIA  CNT | TION GIV  TO BE IF YES IN CERTIFY  YE IN ITEM 18 P | COULD TO ONE OF THE PROPERTY O | ART 2)  NIY  DITE S       | GS USED OF DEATH NO COUSES STORED  | H?    |

Greensboro, MD

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If he

John E. Boulais

Bullion.

The Carterion delivery of the contract of the PNEUMONIA GENERALIZED IN ANTHON CHARLEMENT WELLINGSCHELDERS

Chustan Chinesis MS Viget 85 12/18/18 Christian E JENSON MD RI BOX 640 Depten MA 21629

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Samuel Committee of the State o

| 087   |               | FOR   | DEPARTA  | STATE OF MAKYLAND<br>MENT OF HEALTH AND MENTAL HYG | IEND-S E                     | 2 2 7 2                        | CA.                  |
|---|---------------|---|--|--|------------------------------|--------------------------------|----------------------|
| 037   | 1 -           | STATE<br>REGISTRAR  | DEI ARTI   | CERTIFICATE OF DEATH                               | REG. NO                      |                                | O                    |
|   |               | CEASED NAME FIRST   | MIDDLE   | LAST   | 20. DATE OF DEAJH            | MONTH DAY YEAR 26 H            | HOUR                 |
| poge s<br>r deoth                                   |               |   | V. Coney   |  |                              |                                | :08P                 |
|   | 3. SE         |   | 1. RACE  | S. DATE OF BIRTH                                   | 6. AGE   IN YEARS LAST BIRT  | MONTHS DAY'S HOU               | NDER 24 HR           |
| urs off   |               | MALE  | CauchSION  | 6-23-1929  | 56                           | YRS.                           |                      |
| 200   | 7a. BI        | RTHPLACE (STATE OR FOREIGN  | 76. CITIZEN OF WHAT COUNTRY?   | MARRIED NEVER MARRIED                              | BALTIMORE CITY O             | R COUNTY OF DEATH              |                      |
| 56  | CM C          | TY ON TOWN OF DEATH   | 11 NAME OF HOSPITAL NURSIN   | WIDOWED DIVORCED DIVORCED DIVORCED                 | 120. USUAL OCCUPATION        | ON TIP KIND OF BUS             | INESSO               |
|   | De            | Tru POINT/  | I IF NO THE SUCH EACH LITY, GIVE STREET  | PEDICAL CHR  | ATTENCE                      |                                | e St                 |
| 35  |               | AL RESIDENCE HE NURSING HOME OR STATE PRINCIPLE OF PARTY OF THE PRINCIPLE | OTHER INSTITUTION, GIVE RESIDENCE BEFORE  ITY PROTECTION  INCOMPANY  OF THE PROTECTION  O |  | 13e.STREET ADDRESS /         |                                | 2110                 |
| ond 2 sh  | IP) FA        | THER'S NAME  FIRST  LLIAM   | MIDDLE CAST  | 15. MOTHER'S MAIDEN NAM                            | ME MIDDEE                    | ( N                            | 100                  |
| medicol   |               | VAS DECEASED EVER IN U.S. ARI   | MED FORCES? 166 SOCIAL SECU<br>215 30 5  | RITANO. 17. INFORMANT VAMC, Perry                  | Point, Mary                  | land                           | 1                    |
| yent, the   |               | PART I. DEATH WAS CAUSE   | ly one couse per line for (o), (b), on<br>DBY:<br>E CAUSE (o)  | ARTERY DISEASE MYO                                 | CARDIAL INF                  | APPROXIMATE IN BETWEEN ONSET A | NTERVAL<br>AND DEATH |
| otice   |               |   | DUE TO, C. A.S A CONSEQUE  | NCE OF   |                              |                                |                      |
| nove  |               | Conditions, if ony, which gove rise to immediate  | ( CARDIA   | C ARREST   |                              |                                |                      |
| ), cremo  |               | couse 101, stoting the underlying couse last.   | DUE TO, OR AS A CONSEQUE   |  |                              |                                |                      |
| or of   |               |   |  | ED ARTERIOSCLEROSI                                 |                              | DITION OF COURT BARRAIT        |                      |
| o bu  | z             | PART 2. OTHER SIGNIFICANT C   | ONDITIONS CONTRIBUTING TO  | DEATH BUT NOT RELATED TO THE TERM                  | IINAL DISEASE OR CON         | OHON GIVEN IN PART 110         |                      |
| ony in  | CERTIFICATION | 190 DATE OF OPERATION   | 196 CONDITION FOR WHICH  | OPERATION WAS PERFORMED                            | 20s AUTOPSY?                 | 206. IF YES, WERE FINDINGS U   | ISED                 |
| ows o   | F             |   |  |  | YES XX NO                    | IN CERTIFYING CAUSES OF DE     | D [                  |
| 50  | CER           | 210. ACCIDENT WAS UNDERLYING  |  | TIC HOW INJURY OCCUR                               | RED (ENTER NATURE OF INJUR   | Y IN ITEM 18 PART 1 OR PART 2) |                      |
| or Item   | CAL           | OR CONTRIBUTING CAUSE OF DE A   | 1111   | 19   |                              |                                |                      |
| lo P  | MEDICAL       | 21d. INJURY OCCURRED  | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE, F   | ARM, ETC.) 211 LOCATION<br>STREET                  | CITY OR TO                   | wn COUNTY                      | STATE                |
| orket   | <             | AT WORK NOT WHILE AT WORK   |  |  |                              |                                |                      |
| Leoft is a  |               |   | tal) attended the deceased from_   | 8-22-, 19-85                                       | , to                         | 8, 19 <u>85</u> , that X       | I (we) le            |
| 21  |               | sow the deceased alive on above, (t) (we) (did) XXX   |  | ****   | death occurred on the do     |                                |                      |
| Dept  |               | 226. SIGNATURE  | 1. Jagger M  | DEGREE ATTENDING                                   | MEDICAL STAF                 | 22c. DATE SIGNI                |                      |
| \$ Z -  |               | Tugue 0   | 11   | PHYSICIAN L  |                              | 1AN x 9-28-8                   | .5                   |
| MPORTANT  |               | EUGENE A. JA  |  | 27e ADDRESS  | - D-1 - 36                   |                                |                      |
| should be deto<br>with the Stote (<br>IMPORTANT: If |               |   |  |  | y Point, Mar                 | cyland                         |                      |
|   | 23a           | BURIAL, CREMATION, REMOVAL  | 236 DATE 23c   | NAME OF CEMETERY OF CREMATORY                      | 23d. LOCATION<br>ITY OF TOWN | LINETINOS LA L                 | SIM                  |
|   | 74 E          | UNERAL DIRECTOR   | 10-1-85 F  | SUDEN PARCE PAT                                    | E REC'D. BY REGISTRAIN       | IN REGISTARS DIGNASTIL         | 0.00                 |
| 50M 4/83  | 17.1          | BARRANCO FUNI   | ERAL HOME Severn   | a Park. Md.  | A 5 13/197                   | distribution dois              | die                  |
| 15, 4)  |               |   |  |  | - 16 - 6 -                   |                                |                      |

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

|   | - STATE<br>REGISTRAR   |   | CERTIFICATE OF DEATH                  | REG. NO.   | 1 6 7.  |  |
|---|--|---|---------------------------------------|--|---|--|
|   | DECEASED NAME FIRST     (TYPE OR PRINT)  | MIDDLE  | LAST                                  | 20 DATE OF DEATH MONTH DAY                                     | YEAR 26 HOUR                                    |  |
|   | Thomas   | clyde El  | lwanger, Sr.                          | September 15.  | 1985 5:00Pm                                     |  |
|   | 3. SEX   | 4 RACE  | 5. DATE OF BIRTH                      |  | UNDER I YEAR IF UNDER 24 HRS                    |  |
| 1 | Male   | Caucasian   | Nov. 21, 1913                         | 71 YRS.  | THE DATE OF THE PARTY.                          |  |
|   | 70. BIRTHPLACE (STATE OR FOREIGN   | 76. CITIZEN OF WHAT COUNTRY?  | MARRIED A NEVER MARRIED               | 9. BALTIMORE CITY OR COUNTY O                                  | FDEATH  |  |
| ) | Maryland   | U. S. A.  | WIDOWED DIVORCED                      | Caroline   | MD,   |  |
| ) | 10. CITY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL, NURSIN  | NG HOME OR OTHER INSTITUTION ADDRESS) | 12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE) | 12b. KIND OF BUSINESS OR                        |  |
|   | Denton   | 104 Riverton  | Avenue                                | Farmer   | Farming   |  |
|   | USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COU   |   |                                       | 13e STREET ADDRESS   |   |  |
| 7 | Maryland Car   | coline Denton   | YES X NO                              | 104 Riverton A   | ve. 21629                                       |  |
|   | 14 FATHER'S NAME   | MIDDLE LAST   | 15. MOTHER'S MAIDEN NA                | MIDDLE   | LAST  |  |
| i |  | son Ellwanger   | Elizabet                              |  | ock   |  |
|   | 160 WAS DECEASED EVER IN U.S. AF   | RMED FORCES? 16b. SOCIAL SECU                                       | JRITY NO. 17 INFORMANT                | ADDRESS  |   |  |
| i | No   | 2181424   | 09 Mrs. Mary                          | Ellwanger, Den   |   |  |
|   | PART I. DEATH WAS CAUSE  | inly ane cause per line far (a), (b), an<br>ED BY:<br>ATE CAUSE (o) | Fatre Amino                           | el Commo   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |  |
|   |  | DUE TO, OR AS A CONSEQUE  | ENCE OF                               |  |   |  |
|   | Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUE  | ence of                               |  |   |  |
|   |  |   |                                       |  |   |  |

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216. TIME OF INJURY 216. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY

19 AT HOME, STREET, FACTORY OFFICE, FARM, ETC 1

211 LOCATION

CITY OF TOWN

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

206 IF YES, WERE FINDINGS USED

YES F

IN CERTIFYING CAUSES OF DEATH?

NO [

COUNTY STATE

abave, (I) (Ne) (did) (did nat) view the body after death 226. SIGNATUR

NOT WHILE

saw the deceased alive on

22d PHYSICIAN'S NAME

RASSO

22e. ADDRESS

ATTENDING MEDICAL PHYSICIAN T DIRECTOR PHYSICIAN 22c. DATE SIGNED

BP. DHMH-16 30M 2/B0 (VRA 15, 4)

HOSPITAL

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

18/85

23c NAME OF CEMETERY OR CREMATORY

DEGREE

.Division 23d. LOCATION CITY OR TOWN enton

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

STAFF

STATE

Cemetery

chomen Joriganon Milweingr | Linksbern Milon Bullon Bullon, internation, inches

SALES SALES DELIVER DELIVER SELECTION OF SALES S

| ARYLAND 21201  | PHYSICIAN: The law requires that the de-th conficus or executed -titlen 24 hours after acounting physician. | this certificate has been signed by the attracting formation and completely filled in by the time e buriof-transit permit. Then please remove can an approximate formation and time and the second and time. |
|--|---|--|
| ST., BALTIMORE,  | (1  | on adopt ond cor   |
| 05, 201 W. PRESTOR   | uires that the de th  | signed by the att  |
| SION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | PHYSICIAN: The law req  | this certificate has been see burial-transit permit. Th  |

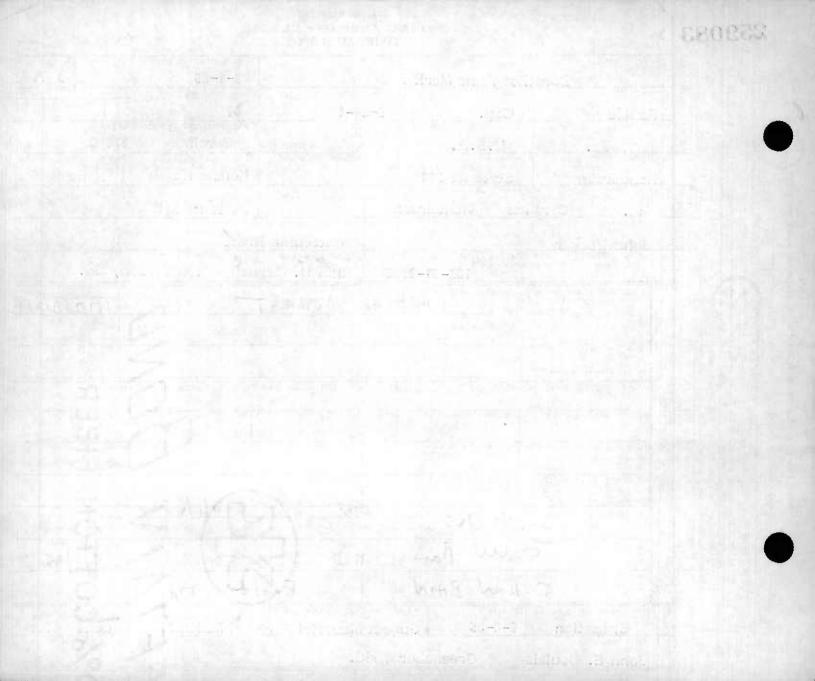
DHMH - 16 50M 1/B1 (VRA 15, 4) John E. Boulais

| STATE OF MARYLAND                       |  |
|---|--|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE |  |
| CERTIFICATE OF DEATH                    |  |

| 13     | 200 | -1 | -9 | 0 |
|--------|-----|----|----|---|
| Crus . | 5   | 1  | 0) | U |
| <br>-  | 2.4 |    |    |   |

|               | REGISTRAR                             |                 |                 |                                 |               |                                 | REG. N                     | O                 |              | 120                              |
|---------------|---------------------------------------|-----------------|-----------------|---------------------------------|---------------|---------------------------------|----------------------------|-------------------|--------------|----------------------------------|
|               | DECEASED NAME                         | FIRST           | N               | AIDDLE                          |               | IAST                            | 20 DATE OF DEATH           | MONTH DAY         | YEAR         | 2b HOUR                          |
|               | on the contract of                    | Doroth          | ea Ani          | na Merk                         | cel           |                                 | 9-1-85                     |                   | - 11         | 5 A ,                            |
| 3. 3          | SEX                                   |                 | RACE            |                                 | 5. DATE C     |                                 | 6. AGE (IN YEARS LAST BIR  |                   | UNDERTYFAR   | IF UNDER 24 HRS                  |
| 1             | Female                                |                 | Cau.            |                                 | 9-            | 21-17 YEAR                      | 67                         | YRS.              | NIHS DAYS    | MOURS MIN.                       |
| Ja.           | BIRTHPLACE ISTATE OR F                | OREIGN 7b       |                 | WHAT COUNTE                     | RY? 8         | <b>V</b> 1                      | 9. BALTIMORE CITY          |                   | FDEATH       |                                  |
|               | Pa.                                   | 100             | U.S.            | Α.                              | WIDOWE        | DX NEVER MARRIED DIVORCED       | Caroline                   | 2                 | 1640         | MD                               |
| 10            | CITY OR TOWN OF DEA                   | TH 11.          | NAME OF H       | OSPITAL, NUR                    | SING HOME     | OR OTHER INSTITUTION            | 12a USUAL OCCUPAT          | ON                |              | F BUSINESS OR                    |
| L             | Henderson                             | 18              |                 | Rt 311                          | REET ADDRESS) |                                 | Housewife                  | F WORKING LIFE)   | Non          | e                                |
| US            | UAL RESIDENCE IF NURS                 |                 | ER INSTITUTION, | GIVE RESIDENCE BE               |               |                                 |                            |                   | 11           | 1                                |
| 136           | Md.                                   | Carolin         |                 | lisa city or to<br>Hender       |               | 13d. INSIDE CITY LIMITS?        | State Rt 3                 | 11 0              | 764          | 40                               |
| 14.           | FATHER'S NAME                         | Caroni          | ic              | render                          | 5011          | 15. MOTHER'S MAIDEN NAM         |                            |                   |              |                                  |
|               | FIRST                                 | MIDI            | 3JC             | LAST                            |               | Gottlibina k                    | MIDDLE                     |                   | LAST         | T                                |
| 160           | John Weav                             |                 | D FORCES?       | 16b SOCIAL SE                   | CURITY NO     | 17 INFORMANT                    | ADDRI                      | 55                |              |                                  |
|               | (YES NO OR UNKNOWN)                   | (IF YES GIVE W  | AR OR DATES     | 182-01-                         |               | Rudi H. Mer                     |                            | derson            | Md.          |                                  |
| =             | _no                                   |                 |                 | -                               |               | Rudi II. Mer                    | Nei IICi                   | aci son           | •            |                                  |
|               | 18 CAUSE OF DEATH<br>PART I, DEATH W  | I Enter only o  | ne cause per l  | line far (a), (b),              | and ici       | 11000                           |                            |                   | BETWEEN      | MATE INTERVAL<br>DISET AND DEATH |
|               |                                       | IMMEDIATE C     |                 | CIT                             | 1401140       | C MAREST                        |                            |                   | IIII         | EDIATI                           |
|               |                                       |                 | DUE 10 00       | 45 4 CONISE                     | OHENCE OF     |                                 |                            |                   |              |                                  |
|               |                                       |                 | DUE TO, OR      | R AS A CONSEC                   | SUENCE OF     |                                 |                            |                   |              |                                  |
|               | Canditians, if any,                   |                 | (b)             |                                 |               |                                 |                            |                   | -7           |                                  |
|               | gave rise to imm                      |                 |                 |                                 |               |                                 |                            | 11.70             |              |                                  |
|               | cause (a), stating                    | g the last.     | DUE TO, OR      | AS A CONSEC                     | DUENCE OF     |                                 |                            |                   |              |                                  |
|               | and anything course                   | 10311           | (c)             |                                 |               |                                 |                            |                   |              |                                  |
| 7             | PART 2. OTHER SIGN                    | IFICANT CON     | DITIONS CO      | NTRIBUTING T                    | O DEATH BUT   | NOT RELATED TO THE TERMI        | NAL DISEASE OR CON         | DITION GIVEN      | IN PART Ito  |                                  |
| CERTIFICATION |                                       |                 |                 |                                 |               |                                 |                            |                   |              |                                  |
| V             | 190 DATE OF OPERAT                    | ION             | 196 CONDIT      | TION FOR WHI                    | ICH OPERATIO  | N WAS PERFORMED                 | 20a AUTOPSY?               |                   | VERE FINDING |                                  |
| E             |                                       |                 |                 |                                 |               |                                 | YES NO                     | YES [             |              | NO                               |
| CER           | 21a. ACCIDENT WAS UND                 | ERLYING -       | 216 TIME OF     |                                 |               | 21c. HOW INJURY OCCURR          | ED (FINTER NATURE OF INJUI | Y IN ITEM 18 PART | 1 OR PART 2) |                                  |
|               | OR CONTRACTOR OF                      |                 |                 | M. MONTH                        |               |                                 |                            |                   |              |                                  |
| EDICAL        | (IF EITHER NOTIFY MEDIC               |                 | P.A             |                                 | 19            |                                 |                            |                   |              |                                  |
| MED           |                                       |                 | 21e. PLACE C    | DF INJURY<br>BET FACTORY, OFFIC | CE FARM ETC ) | 211. LOCATION<br>STREET         | CITY OR TO                 | WN                | COUNTY       | STATE                            |
| <             | AT WORK NOT WH                        | LE              |                 |                                 |               |                                 | 11                         | -                 |              |                                  |
|               | 220.1 certify that (1)                | (this haspital) | attended the    | Ideceased fra                   | m             | 16/1                            | 10 91118                   | 10                | +1           | hat (I) (we) last                |
|               |                                       |                 | 1 2 7           | 16                              |               | nd that in (my) four) apinian d | eath accurred on the dr    | te and have a     |              | 1                                |
|               | saw the decease<br>abave, (1) (we) (d | id) (fid nat)   | ew the bady o   | after death.                    |               |                                 |                            |                   |              |                                  |
|               | 226. SIGNATURE                        | 0               | and             | · Raci                          |               | DEGREE                          |                            | 341               | 22c. DATE S  | SIGNED                           |
|               |                                       |                 |                 |                                 |               | ATTENDING PHYSICIAN             | DIRECTOR PHYSIC            |                   | 913          | 185                              |
|               | 228. PHYSICIAN'S NA                   | ME (TYPE OF PR  | INT) /          |                                 | 1             | 22e ADDRESS                     |                            | 1                 |              |                                  |
|               | 22d. PHYSICIAN'S NA                   | C.              | IL.W.           | BAIN                            |               | tas                             | ten 1 15                   | (                 |              |                                  |
| 230           | BURIAL, CREMATION, I                  |                 | 3b. DATE        |                                 |               | EMETERY OR CREMATORY            | 23d. LOCATION              | 17-               |              |                                  |
|               | Cremati                               | on              | 9-4-85          |                                 | Sunsat        | Memorial Park                   | Philadelp                  | hia               | Bucks        | PA                               |
| 0.4           | Oremati                               | 011             | J T 00          |                                 | Juilset       | wellorial Park                  | Timadelb                   | IIa               | DUCKS        | FA                               |

Greensboro, Md.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Delaware USA WIDOWED T DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

R. D. 1 Camp Ground OR INDUSTRY Minister Church CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET\_ADDRESS Ground 15. MOTHER'S MAIDEN NAME MADDLE FIRST MIDDLE James Minner Mabel Massey Ford 7 INFORMANT 160 WAS DECEASED EVER IN U.S. 166 SOCIAL SECURITY NO 1 Box 24 YES NO, OR UNKNOWN) 4354 194 -1946 Minner.Denton. Muriel E. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c), RETWEEN ONSET AND DEATH MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO. lerotic cardiovasci disesse Canditians, if any, which gave rise to immediate cause (o) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION USED AS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? E 3 SHOULD BE DEPARTMENT OF YES [ 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK TO FUNERAL DIRECTOR: PACAFTER DEATH, WITH THE STATEMENT MARYLAND, 213 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted fram: Undetermined monner Svicide Homicide 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE Burial 9/28/85 Odd Fellows Milford BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** Milford (VR A15 ME (5) 15M 2/80

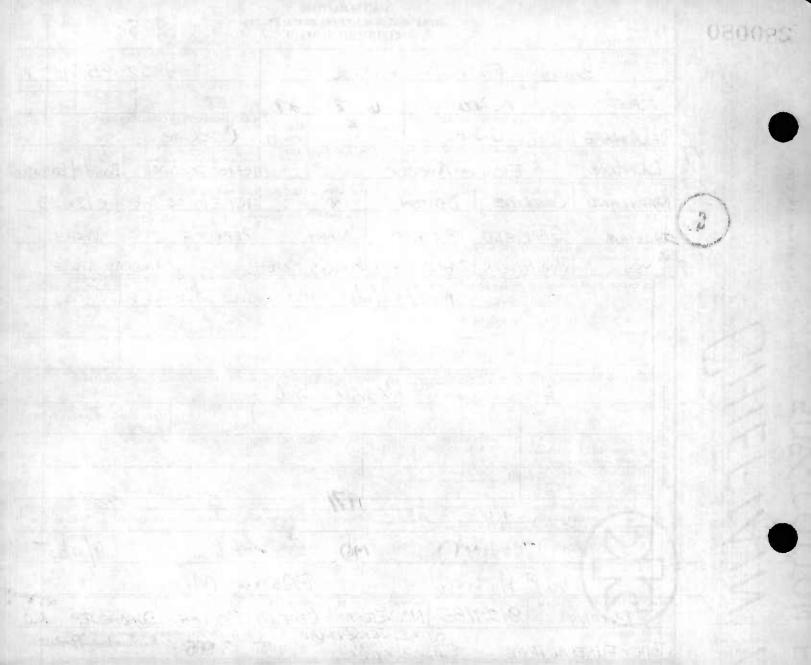
Jane 1 Gill Spring to 1 4 23 8 79 4.83 81.7 XE OFFILE A BLUE BUILD The state of the s The Acold the Desires & continued head the MYSS AKRIBG INFORCTION BELLE Apprentise for the contract of the said Christian I follower Dollary - 9/28/85 Chieffon E Jerson ALD PETPER LIVE DONES AND 21625 Walnut and and Brown of Hillory, set.

|   | 275146   | 1_            | FOR<br>STATE    |                                       |                          | DEPARTMENT OF                          | HEALT        | H AND MENTAL               | HYGIENE                  | 14                  | 2100 1           | are and          |         |
|---|--|---------------|-----------------|---------------------------------------|--------------------------|--|--------------|----------------------------|--------------------------|---------------------|------------------|------------------|---------|
|   | NIOZZ  | 1.4           | REGISTRAR       |                                       | WE                       | DICAL EXAMI                            | NER'S        | CERTIFICATE                | OF DEATH                 | REG                 | HO. 5 /          | 5 2              |         |
|   |  | I. DE         | CEASED NAM      | AE FIRST                              |                          | WIDDLE                                 |              | LAST                       | 2a. D                    | OF ESTI-            | MONTH D          | AY YEAR 2        | . HOUR  |
|   | LEASE<br>CTOR.<br>FILES<br>OURS<br>NEET.   |               |                 | Mario                                 |                          |  | Pott         |                            | DI                       | EATH MATED          | 21 4             |                  | BM      |
|   | ### 5E   | 3. SE         | (               | 4. RACE                               | 5. DATE OF BIRTH         | 6. AGE (IN)                            | EARS IF U    | NDER 1 YR. IF UNDE         |                          | DATE<br>NOUNCED     | MONTH D          |                  | d. HOUR |
| 1 | L DS   |               | ale             | Cauca.                                | Jan. 20                  | ,1901 84                               | YRS.         |                            |                          | DEAD                | 9/1              | 6 1985           | PM      |
| D | PRESS  |               | RTHPLACE (      |                                       | 76. CITIZEN OF W         | HAT COUNTRY?                           | 8. MARE      | HED NEVER MAR              | RIED   9. BA             |                     | OR COUNTY C      | OF DEATH         |         |
|   | 220 -  |               | aryla           |                                       | U. S.                    | A.                                     |              |                            | CED 🗌                    |                     | roline           |                  | MD.     |
|   | PAGE PAGE  |               | TY OR TOWN      |                                       | (IF NOT IN SUCH F        | SPITAL, NURSING HOA                    |              | HER INSTITUTION            | FOR MOST O               | OF WORKING LIFE)    | YPE OF WORK 12b. | OR INDUSTRY      |         |
|   | HP 2 H 6   |               | illsb           |                                       | Route                    | 404<br>GIVE RESIDENCE BEFORE ADMIS     |              |                            | Farme                    | r                   | I                | Parmin           | g       |
|   | 21201<br>FF ANY DE<br>AND 3<br>RETAIN<br>SHOULD III  | 13a. S        | TATE            | 136. COUN                             | 1TY                      | 13c. CITY OR TOWN                      |              | 13d. INSIDE CITY LIMITS?   | 13e. STREET A            | DDRESS              | 34 77            | 26.12            |         |
|   | 2 # 5.8.8.   |               | aryla           |                                       | oline                    | Hillsbo                                | ro           | YES NO                     | _                        | e 404               |                  | 21641            |         |
|   | MD.  | 14. F/        | ATHER'S NAM     |                                       | WIDDLE                   | LAST                                   |              | 15. MOTHER'S MAID          |                          | MIDDLE              |                  | LAST             |         |
|   | AORE, M<br>PAGES 1<br>ORM PV<br>N OF WID   | 16- 1         | Mari            | ON ED EVER IN U.S. AR                 | mitt                     | Potts                                  | TV NO        | Matti<br>17. INFORMANT     | .e                       | ADDRES              |                  | aunton           |         |
|   | PA P   | (Y            | ES, NO, OR UNKN | OWN) (IF YES, GIVE                    | WAR OR DATES)            |  |              |                            | 1.1 77                   |                     |                  | 3 37 /7          | -       |
|   | BALTIMORE, MD. RS AFIER DEATH. GRIEPAGES 1, 2011 MIH FORM PM. PAGES 1, AND 2 PAGE | N             | - Comment       | DE DE L'ELLE                          |                          | 12143273                               | 12           | Mrs. Be                    | tty Kr                   | lott, E             | illispo          | APPROXIMATE IN   |         |
|   | 1 6 m  | 1             | PART I D        | EATH WAS CAUSE                        |                          | DAINIA (C)                             | NIC          |                            |                          |                     | 2                | BETWEEN ONSET AN |         |
|   | 8 (2E92)   |               | 91              | 90 IMMEDIA                            | TE CAUSE (a)             | R AS A CONSEQUENCE                     | OF           |                            |                          |                     | /                | TCVII            | =       |
|   | PRESTON STANDON STANDO |               | Canditio        | ins, if any, which                    | L                        | ALL INTI                               | 1 DI         | TND                        |                          |                     |                  | AMIT             | TE      |
|   | M. W.  |               |                 | ise to immediate ) stating the under- |                          | R AS A CONSEQUENCE                     | OF           | 140                        |                          |                     | - /              | JUI              |         |
|   | DI NEE EN A  |               | lying ca        | use last.                             | (c)                      |  |              |                            |                          |                     |                  |                  |         |
|   | PANE CALL  |               | PART 2 OTNER S  | IGNIFICANT CONDITIONS                 | CONTRIBUTING TO DEATH    | BUT NOT RELATED TO THE TER             | MINAL DISEAS | SE OR CONDITION GIVEN IN P | ART 1 (a),               |                     | 1                |                  |         |
|   | DIVISION OF VITAL RECORDS  CERTIFICATE SHOULD BE EXERTED TO THE CHER MEDICA  FOR SHOULD BE USED AS A BI  E IS SHOULD BE USED AS A BI  COPPARIMENT OF HEALTH AN  PRECIF TO BURKAL, CREMATION  | NO.           |                 |                                       |                          |  |              |                            |                          |                     |                  |                  |         |
|   | LINEO<br>NUID B<br>NUID B<br>NEAL<br>CREW  | CERTIFICATION | 19a. DATE O     | POPERATION                            | 19b. COND                | ITION FOR WHICH OPE                    | RATION V     | VAS PERFORMED?             |                          |                     | 21               | D. AUTOPSY?      |         |
|   | A SECTION AND A  | E             |                 |                                       |                          | 57 -                                   |              |                            |                          |                     |                  | YES 🗆 I          | 10      |
|   | CATE WEN THE WILD THE WEN OBUG   |               |                 | AL CAUSE WAS                          | 21b. TIME O<br>HOUR A.A  | OF INJURY<br>M. MONTH DAY YEA          | 21c. H       | OW INJURY OCCURR           | ED (ENTER NATUR          | OF INJURY IN ITEM I | 1 1 .            |                  |         |
|   | NO STATE OF  | MEDICAL       |                 | G OR<br>ING CAUSE OF                  |                          |  | 1/2          | ell into a                 | OND W                    | 1th MIG             | Ing m            | lower            | ,       |
|   | TREE DE SE   | MED           | 21d. INJURY     |                                       | 21e PLACE<br>STREET, FAC | OF INJURY (AT HOME, CTORY, FARM, ETC.) |              | CATION<br>STREET           | ÇITY                     | OR TOWN             | CQUNTY           |                  | STATE   |
|   | MAR WAR  |               | AT WORK         | NOT WHILE D                           |                          | FAKM                                   |              |                            | HI                       | 115 boro            | CA               | RN               | 10      |
|   | ATE. PORE.   | 1             | 22a. I cert     | ify that I taak charg                 | ge af the remains de     | scribed abave, held an                 | Autap        | osy , Inspection           | an 🔀 , in                | quiry 🔀 🤇           | and in my apinia | n                |         |
|   | A TOTAL  | <b>D</b>      | death resul     | ted fram: Natu                        | ral causes ;             | Accident X S                           | uicide       | , Hamicide ,               | Undetermin               | ed manner           | ,                |                  |         |
|   | ARRIVANIA ARRIVA   |               | ACTUAL          | Okristi                               | 14 50 6                  | MARNI                                  |              | CUTLE (SPECIFY)            | ,                        |                     | DATE C           | 2/10/1           | 34      |
|   | O MEDICAL EXAMENCE THE CERT AGE 4 SHOULD OF FUNERAL DIRECT STEED DEATH WITH ALTHROPE MARYLL  | 1             | SIGNATURE       | No purch                              | un gr                    | noun                                   | ^            | I.D. Lepul                 | MEDICAL                  | EXAMINER            | SIGNED.          | 118/8            | 3_      |
|   | NORE TO SEA  |               | EXAMINER'S      | NAME Chr                              | istian 1                 | E. Jensen                              | M            | Doress P.O                 | Boy                      | 690 T               | anton            | MD 2             | 1620    |
|   | TO ME<br>EXECUT<br>TO PAGE<br>AFTER<br>HANTER  | 73a B         | (TYPE OR PR     | TION, REMOVAL                         |                          | 23c. NAME OF CE                        |              |                            |                          |                     | enroom,          | MID Z.           | 1029    |
|   |  | (3            | PECIEY\         | rial                                  | 9/19/8                   |  |              |                            | 23d. LOCAT<br>CITY OR TO |                     | COUNTY           | STATE            |         |
|   | BP   | 24,€          | UNERALDIRE      |                                       | 1 ^                      | OTTESTE                                | TITE         | 1d Cemet                   | REC'D. BY REG            | ISTRAR 256. REG     | GISTRAR'S SIGN   | ATUREMEN         | Annes   |
|   | (VR A15 ME (5))<br>30M 7/73  | 111           | MAME            | H DOWERN                              | ann PADDRES              | DJ 2 naft                              | 100          | Van SED                    | 0.6 1008                 | 1 10.               | P                | TIME OF          |         |
|   | John 7770  | 4             | C-6.11          | ALAIFE / T                            | 7.1.2                    | 1-VIA                                  | N. P.A       |                            | 77 179 1                 | - garage            | of the same      |                  | -       |

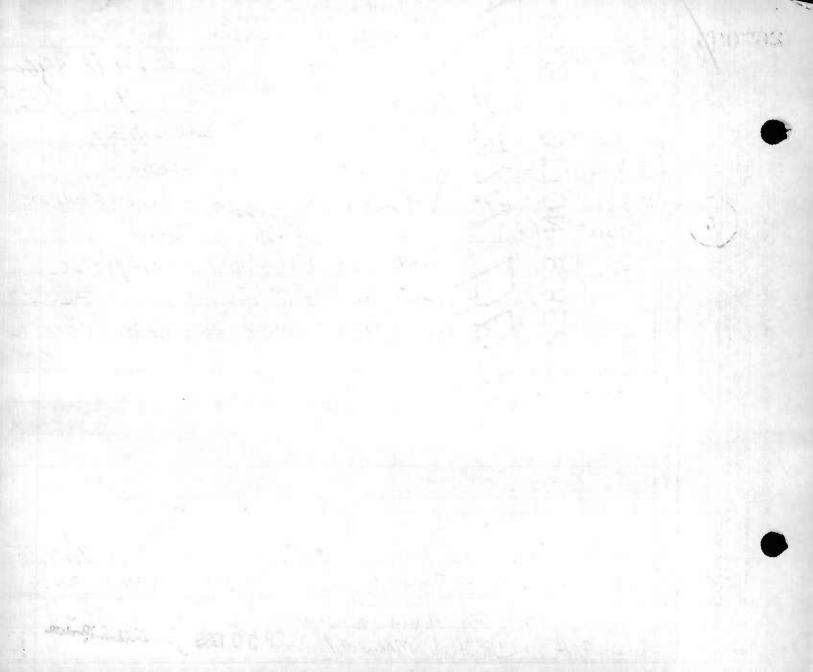
SIAIP UP MARTIANII

TELEGRAPS - METERS - ACCEPTANCE ANALES ANALOGOUS TO THE STREET ANALOGOUS ANALO side of the contract of the co Respondent to the second of th 30.44 - W. 1524 - W. ELECTRIC PROPERTY AND ASSETS OF THE PROPERTY O the second control of the latest the Mar of half or the alter that the The ON THE PLANT OF THE PARTY OF TH BOTH MADE TO THE PARTY OF THE P . A second of the second of th

| (L++)   | STATE OF MARYLAND  |
|---|--|
| 280080  | - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIEND SECONO  CERTIFICATE OF DEATH  SECONO  SECON |
|   | DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR PRENT) Byard Franklin Bicketts 9 22 85 11:00 P.   |
| oge 4 may be<br>rectar, page 3<br>urs after death   | SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS   |
| Page direct hours   | MALE NEGRO 6 29 27 58  WAS BIRTHPLACE (STATE OR FOREIGN 76) CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY OF DEATH   |
| deoth.  | COUNTRY)  ELAWARE  U.S.A.   MARRIED   NEVER MARRIED     Caroline   MIDOWED   DIVORCED     Caroline   MIDOWED   MIDOW |
| rs ofter of filed with  | DENTON  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Elaine Avenue  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (THEOD PRINCIPAL)  Board of Eucath  |
| 24 hou  | SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136. CITY OR TOWN  136. CITY OR TOWN  136. INSIDE CITY LIMITS?  139. STREET ADDRESS  101 Eloine Avenue (21629)  |
| MARYLL ed within  | FATHER'S NAME FIRST  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MARY  REBECCA  WEBB   |
| BALTIMORE, M. ate be executed ate be executed sistian and centropers. Pages 1   | WAS DECEASED EVER IN U. S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  WYES, NO OR UNKNOWN) I (IFYES, GIVE WAR OR DATES)  WILL KOREAN 218-20-8451 FrANCES RICKEHS SAME AS A BOVE   |
| PRESTON ST., BALT  he death certificate to attending physicia smove carbon popers motion, or removal.  r traumatic event, the   | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which  (b)   |
| 201 W. es that the please in please in urial, cre-  | gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Its   |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require attending physicion.  After this certificate has been signs of the buriol-tronsit permit. Then the ond Mental Hygiene prior to be orked or them 18 shows ony injury | Hey blusen Remote CVA.  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO 1  210. ACCIDENT WAS UNDERLYING 2116. TIME OF INJURY 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  |
| N OF VITAL SICIAN: The ng physicion certificate h unol-tronsit prental Hygier them 18 sha   | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  [IF EITHER, NOTIFY MEDICAL EXAMINER] P.M. 19  |
| DIVISION DING PHY or attentis te os the bu alth and M morked or   | 216 INJURY OCCURRED  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET CITY OR TOWN COUNTY STATE  |
| TENDI<br>or TOR: A<br>or use<br>of Heal   | 270. I certify that (I) (this hospital) attended the deceased from 19 , 19 , to 19 , that (I) (we) las saw the deceased alive on 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.   |
| by the hosp<br>by the hosp<br>ERAL DIREC<br>Stote Dept. of<br>ANT: If them  | 226. SIGNATURE  DEGREE  MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR  |
| TO HOSPITAL TO FUNERAL should be det with the Stote   | 22d PHYSICIAN'S NAME (TYPE OR PRINT)  WM H WOOD  22e ADDRESS  EASTEN Md  |
| BP  | BURIAL CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY BELLAH DORCHESTER MO   |
| DHMH - 16 50M 4/82<br>(VRA 15, 4)   | FUNERAL DIRECTOR  HT. #2, JERSEY ROAD 250 DATE REC'D. BY REGISTRAR 2514 REGISTRAR |



| /  | 1 -                   | STATE OF MARYLAND  |   |
|--|-----------------------|--|---|
| OCHOCH   | 11-                   | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH  | 134   |
| 267035   |                       | REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  ECEASED NAME  FIRST  MIDDLE  LAST  AND DATE KNOWN   MODILE  LAST  REG. NO.   | NTH DAY YEAR 25 HOUR                            |
| Warring Mari   |                       | YPE OR PRINT)  MONROF HEITON SHAW  OF ESTI- DEATH MATED OF STI- DE | 18 18 6PM                                       |
| PEAS<br>ECTOR<br>R FILES<br>STREET   | 3. SE)                | EX 14 RACE S DATE OF BIRTH IA AGE (IN YEARS I F LINDER 1 VR I IF LINDER 24 MPS 2/2) DATE MON   | TH DAY YEAR 24 HOUR                             |
| ESSARY, PLEASE<br>RRAL DIRECTOR.<br>DR YOUR FILES<br>THIN 72 HOURS<br>REGION STREET  | 1                     | MALE BLACK 5 18 1919 66 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD   | 19 185 0003                                     |
| ECESSARY<br>INFERAL DIR<br>FOR YOU<br>WITHIN 72<br>PREGION   | 7a. B                 | BIRTHPLACE (STATE OR TO COUNTRY) 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED S  | UNTY OF DEATH                                   |
| SAN STATE  | 1                     | NORTH CAROLINA USA WIDOWED DIVORCED DIV | MD  |
| CAY IS<br>PAGE<br>BILED  | 7                     | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  OF NOTICE OF WORKING LIFE)  | ORK 126. KIND OF BUSINESS<br>OR INDUSTRY        |
| AD N HE  | USUA                  | VENION #802 RIVER VIEW GARDENS DISABLED  VAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  | 11/29   |
| 21 圣圣声至  |                       | STATE DENTON 136 COUNTY CAROLINE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 13e, STREET ADDRESS YES NO 1 # 802 KIVERVIEW   | WEARDENS  |
| BALTIMORE, MD. S. AFTER DEATH GIVE PAGE TITH FOR PAGES INTH FOR PAGES INTINISION   | 14,53                 | MARK SHAW LAST PROTECTION NAME FROM SHAW   | LAST  |
| TIMON<br>FIER DE<br>FOR<br>FOR<br>FOR  | 16a. V                | WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS   | , 1   |
| ., BALTIN<br>JRS AFTER<br>B. GIVE P.<br>WITH FO<br>T. PAGES<br>DIVISION  |                       | (YES, ND. OR UNKNOWN) (IF YES, EMEWAR ORDATES) UNK JOHN SHAW WASHING   | ton De  |
|  |                       | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| RESTON ST., IN 24 HOUF IN ITEM 18. ISIT PERMIT. HYGIENE, D   |                       | IMMEDIATE CAUSE (a) A VOICE OF THE CONSEQUENCE OF  | ACUTE   |
| 101 W. PRESTON ST., TED WITHIN 24 HOU! N PENCIL IN TEM 18. XAMINER ALONG W AL. TRANSIT PERMIT. AL. TRANSIT PERMIT. NO. OR REMOVAL.   |                       | Conditions, if any, which ANTENIACIONAN NEEDER   | = chronic                                       |
| 201 W. PRE UTED WITHI IN PERIOL I EXAMINATE D MENTAL P ON, OR REA  |                       | gave rise to immediate (by )/(ILL-1000-CCC) (The United States of  | - Chome   |
| ~ ⊃-w≂00   |                       | lying couse lost.  |   |
| DIVISION OF VITAL RECORDS, 201 W. PREST S CERTIFICATE SHOULD BE EXECUTED WITHIN INTITION THE WORD "PENDING" IN PENCIL IN ROED TO THE CHIEF MEDICAL EXAMINER ALE 3 SHOULD BE USED AS A BUSHAL-TRANSIT E DEPARTMENT, OF HALLTH AND MENTAL HYOOD PRIOR TO BURIAL, CREMATION, OR REMO  |                       | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG  |   |
| MED BE COME AND  | 15<br>F               | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   | In All Concine                                  |
| SHOULD OND "PE | ΡĀ                    | 146. CONDITION FOR WHICH OPERATION WAS PERFORMED?  | 20 AUTOPSY?                                     |
| OF VI  | ERI                   | 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I C  | YES NO NO NO PART 2)                            |
| SPECIAL DE LE  | N N                   | UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19   |   |
| MVISION CERTIFIC CERT | MEDICAL CERTIFICATION | 714 INJURY OCCURRED  216 PLACE OF INJURY (AT HOME, VIII)  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  | COUNTY STATE                                    |
| A SER  | 1                     | WHILE NOT WHILE SIREEI, FACTORY, FARM, ETC.)  STREET STREET  CITY OR TOWN  |   |
| DIVISA  NER: THIS CERT CATE, WRITING FORWARDED 1 FORWARDED 3 FOR PAGE 3 SH THE STATE DEPAGE AND, 21201 PRI   |                       | 22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in m  | y opinion                                       |
| MAIN<br>THE BE I   |                       | death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner ,  | , ,   |
| AL DIA<br>FOULD<br>FOULD AND TH, WAS   |                       |  | ATE 9/19/85                                     |
| TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2   | -                     | EXAMINER'S NAME CHRISTIAN E. JENSEN M.D. ADDRESS P.O. BOX 690 DENTON   | MD 21629  |
| PAT  | 23a.B                 | BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN   | COUNTY  |
| BP   | 74 F                  | FUNERAL DIRECTOR 125m DAM REC DAY REQUISIRAR ISSURED RAN   | ECH ROSSILV                                     |
| DHMH - 17<br>(VR A15 ME(5))  |                       | FUNERAL DIRECTOR  ADDRESS FOR MAKYLAND 25 BAH REC DEV 1985 FILMS PROPERTY OF THE PROPERTY OF T | March .   |
| 15M 2/80   | 1                     | 2041 - 1/2   | В.  |



|  | 1                     | FOR   | STATE OF MARYLAND   |  |
|--|-----------------------|---|---|--|
| 259056   | 1-                    | STATE<br>REGISTRAR  | MEDICAL EXAMINER'S CERTIFICATE OF DEATH   | 3 5  |
|  | 1. DE                 | CEASED NAME E OR PRINT)   | MIDDLE 20 DATE KNOWN [] MONIH   | DAY YEAR 26 HOUR                             |
| ASE<br>CRS.  |                       | HANAW   | AY DEATH MATED BY   | 19 85 2AM                                    |
| RECTOR FILE  | 3. SEX                |   | 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH MONTHS DAYS HOURS MIN. PRONOUNCED   | DAY YEAR 2d HOUR                             |
| SARY<br>YOU<br>TON   | 1                     | RITHPLACE INTALICAL DE  | CHIZEN OF WHAT COUNTY? 8 DEAD TWO 25  | 1985 8 A M                                   |
| S NECESSARY, PLEASE<br>E UNERAL DIRECTOR.<br>E 5 FOR YOUR FILES.<br>D. WITHIN 72 HOURS   | C                     | REIGN COUNTRY)  | MARRIED NEVER MARRIED WIDOWED DIVORCED CAROL  | INE MD                                       |
| THE FLED,  | 10 C                  |   | NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK EDR MOST OF WORKING LIFE)  | 126. KIND OF BUSINESS<br>OR INDOSTRY         |
| A D A P S  | 1151                  | RESIDENCE (IF IN NURSING HOME OR OT   | NEW DYNAMISSION PO FARMER   | FARM   |
| IF ANY DELAY IS NI<br>2, AND 3 TO THE FU<br>3. RETAIN PAGE 5<br>2 SHOULD BE FILED.<br>A RECORDS, 201 W   | 13a. S                |   | DLINE BRE TOWN  136. GITY OR TOWN  136. INSIDE (ITY LIMITS)  136. STOREST ADDRESS  VES D NO NEW TOWN  VES D NO NEW TOWN  137. STOREST ADDRESS  NO NEW TOWN  VES D NO | 0/1/20                                       |
| F. MD. 2. PM. 3. VITAL IF  | 14 F/                 | THER'S NAME   | 15. MOTHER'S MAIDEN NAME  | VARI   |
| DEATH<br>DEATH<br>MAR PM<br>ANO.   | 1                     | GNICNOU   | IN LINKNOGIN-   |  |
| FOR FOR ION  | 16a. V<br>(Y          | VAS DECEASED EVER IN U.S. ARMED<br>ES, NO, AR UNKNOWN) (IF YES, GIVE WAR      | OR DATES)   | NEWTOWN                                      |
|  |                       | 18 CAUSE OF DEATH (Enter only or  | ne couse par le le (a) (b) and (c)  | APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|  |                       | PART I DEATH WAS CAUSED BY  | WIND CHONAL INFARCTION  | ACUTE  |
| N S S S S S S S S S S S S S S S S S S S  |                       |   | ( DUE TO, OR AS A CONSEQUENCE OF  |  |
| 100 W. PRESTC<br>UTED WITHIN A<br>IN PENCIL IN II<br>XAMINER ALC<br>XAMINER ALC<br>MENTAL HYBE<br>NON, OR REMOVE   |                       | Canditions, if any, which gave rise to immediate cause (a) stating the under- | DUE TO, OR AS A CONSEQUENCE OF  | chronic                                      |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 27 HOUS RITING THE WORD "PENDING" IN PENCIL IN TEEL ROED TO THE CHIEF MEDICAL EXAMINER ALONG RE 3 SHOULD BE USED AS A BURIAL. FANIST PERMINE EDFFARRIMENT OF HEALTH AND MENTAL HY VENE OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.   |                       | lying cause last.   | (c)   |  |
| VITAL RECORDS, 201 V SHOULD BE EXECUTED YORD "PENDING" IN PE CHIEF AEDICAL EXAM BE USED AS A BURIAL." TO OF HEALTH AND MEI BURIAL, CREMATION, C  |                       | PART 2 OTHER SIGNIFICANT CONDITIONS CONT                                      | RIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).   |  |
| RECORDS  ID BE EXE PENDING PENDING AS A BU EAITH AP CREMAN   | Į.                    | 19a. DATE OF OPERATION  | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?   | Ten Autonova                                 |
| VITAL RESHOULD ORD "PE CHIEF A RE USED " IT OF HEL URIDINAL, CHIEF ALL USED A RESHOULD A | E S                   | THE DATE OF GLERATION   | THE CONDITION ON WHICH OF ENAMON WAS PEN ORMED!   | 2B AUTOPSY?                                  |
| OF VITAL  ATE SHOUTH WORD  THE CHIE MENT OF BURIA  | MEDICAL CERTIFICATION | 21a EXTERNAL CAUSE WAS  | 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PA  |  |
| TIFICA<br>G THE<br>A RTM<br>ARTM   | ICAL                  | UNDERLYING OR<br>CONTRIBUTING CAUSE OF DEA                                    | TH P.M. 19  |  |
| DIVISION OF VIT  1. THIS CERTIFICATE SH  E, WRITING THE WOR  RWARDED TO THE CH  STAFE DEPARTMENT  STAFE DEPARTMENT  1, 21201 PRIOR TO BUR  | MED                   | 21d. INJÜRY OCCURRED  WHILE NOT WHILE AT WORK                                 | 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION  STREET CITY OR TOWN  CO   | UNTY STATE                                   |
| R: THI<br>ORWA<br>R: PAG<br>E STA1   |                       | AT WORK   | the remains described above, held an Autapsy . Inspection . Inquiry . and in my as  |  |
| EXAMINER: CERTIFICATE DIRECTOR: VITH THE S WARYLAND,   |                       | death resulted from Natural c   |   | sinan  |
| EXA<br>CERT<br>WILD<br>WAR   |                       | ACTUAL CHIVATIA   | IN SUPPLY TITLE (SPECIFY) DATE  | alneler                                      |
| SHOE SHOE  |                       | SIGNATURE   | M.D. DEPUTY MEDICAL EXAMINER SIGNE  | 08/10/02                                     |
| TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOR AFTER DESCTORITH THE IS BALTIMORE, MARYLAND  |                       | EXAMINER'S NAM CARIST   | 721 E. JENSEN MODRESS Y. DIBOX 690, DENTON  | MD 21629                                     |
| DA PEE   | 23a.B                 | DRIAL CREMATION, REMOVAL 231.   | DATE 236, NAME OF CEMETERY OR CREMATORY 23d, LOCATION   | NTY STATE                                    |
| BP   | 24.                   | UNERAL DIRECTOR   | BAX US 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S.S.   | GRATURE .                                    |
| DHMH - 17<br>(VR A15 ME (5))   | F                     | RAMPIDM-1   | HAWKINS TODERALSBURG P 9 1985 July Switcher   | Bridelle a                                   |
| 20M 4/82   |                       |   |   |  |

